Swamy Dayanand Hospital in Delhi; and

(b) if, so what is the reaction of the Government with regard thereto stating the action taken by the Government on the negligence of the hospital authorities for non-utilization of the scan unit which has been purchased at a high cost?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANK ARAN AND): (a) and (b) Yes, Sir. The Municipal Corporation of Delhi have informed that keeping in view the needs of the population of Trans-Yamuna area, a whole body CAT Scan was purchased. The suppliers are expected to take about five months time to complete installation, as the installation work Had to be awarded on competitive rates. The proposal was approved in September, 1992, work has commenced and is likely to be completed in July, 1993. Steps have also been taken to have the staff and doctors trained before the installation is completed.

Rate in Infant and Adult Mortality in the Country

223. SHRI ANANT RAM JAISWAL: SHRI SATYA PRAKASH MALAVIYA: SHRI DIGVUAY SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the rate- of infant and adult morality caused by Kalajar, Cholera and various deadly diseases is high in our country at present; and

(b) if so, the details of special programmes being launched to bring down the rate of infant and adult mortality in those states alongwith the names of the concerned states?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANK ARAN AND)- (a) and (b) Though cosidevable reduction has taken place in the rate of mortality, as may be seen from the following statement, the rate is still high :—

Infant mortality rate	1976	1991
	129	80
Crude death rate	1971	1991
	14.9	9.8
Average life expectancy at birth	1961-71	1991-96
	54.4 yrs.	About 61 yrs.

Government have launchjed the following control programmes for yarious diseases : —

1. National Malaria Eradication Programme.
2. Kala-azar Control Programme.
3. National Tuberculosis Con. trol Programme
4. University Immunization Programme
5. Oral rehydration Therapy and Intensified Programmes for control of Acute Respiratory Infections in children.
6. Child Survival and Safe Mo therhood Programme.
7. Diarrhoeal Diseases Control Programme.
8. National Cancer Control Pro. gramme.

Poor performance of National Tuberculosis Control Programme

224. SHRI VISHWASRAO RAM. RAO PATIL- Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that even after three decades, the results of the National Tuberculosis Control Programme (NTP) have *been* uniformly poor;

(b) if so, what are the reasons therefor; and

(c) what action Government propose to take to make it effective?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND)- (a) and (b) National Tuberculosis Control Programme has not achieved the expected results primarily because of the magnitude of the problem, inadequacy of funds, long duration of treatment involved and resultant difficulty in case holding and lack of understanding amongst common people about the seriousness Of the problem.

(c) It is proposed to intensify the National Tuberculosis Control Prog ramme by providing more resources and covev all districts under the Short Course Chemotherapy drug regimen by the end of Eighth Plan.

Family Manning Targets

225. SHRI PRAMOD MAHAJAN: Will the Minister of PIEALTH AND FAMILY WELFARE be pleased to state: (a) what were the family plan ning targets for different states during the last three years, year- wise and state-wise; and

(b) what are the actual achieve ments in respective states in corres ponding years?

THE liONISlER OF HEALTH AND FAMILY WELFARE (SHRI SHANKARANAND): (a) and (b) Statements giving state-wise targets and achievements in respect of different family planning methods, namely IUD insertions, Oral Pill Users and Conventional Contraceptive Users for the last three years i.e. *1989-90,* 1990-91 and 1991-92 are enclosed at Annexure,

Levels of performance in respect of Sterilisation, State-wise are also given in the Annexure (See Appendix CLXVI, Annexure No. 6).

Promotion of Indian system of Medicines

226. SHRI PRAMOD MAHAJAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: what steps Government are taking to promote Indian systems of medicines?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): The Government is committed to promote Indian Systems of Medicilne. Steps initiated in this regard include improvement in quality of education, promotion of research based primarily on the principles and philosophy of each of the systems, development of medicinal plants, laying of PharmaCopoeial standards etc.

The National Health Policy advocates that each of these Systems should be developed on their genius and to move towards a meaningful phased integration of Indigenous and Modern Systems.

Schemes taken for development include :

(a) Cultivation and Development of Medicinal Plants;

(b) Strengthening of Colleges of Indian Systems of Medicine;

(c) Upgrading the Departments for higher education and

(d) Reorientation training programmes for teachers and practitioners of ISM.

As against Rs. 43.25 crores alloca ted to Indian Systems of Medicine from Central Sector during 7th Plan, it has been increased to Rs. 88.00 crores during the 8th Plan.